

## **Notice of My Policies and Practices to Protect the Privacy of Your Health Information**

This notice provides you with information about which I'm mandated by applicable federal and state laws to inform you. It describes how psychological and medical information about you may be used and disclosed and how you can get access to your individually identifiable health information.

I am required by law to maintain the privacy of your health information. That is, in general, the privacy of all communications between a client and a psychologist are protected by law. In other words, I cannot disclose that you are receiving care from me or disclose any details about our conversations with anyone without either your verbal or written permission, or in the case of a minor, the consent of the parent or guardian. In most legal proceedings, you have the right to prevent me from providing any information about your care. However, there are some exceptions. The below section describes how I may use and disclose your protected health information to carry out treatment, payment or health care operations, and for other purposes required by law. It also explains your rights to access and control your protected health information. Protected health information (PHI) refers to information in your health record that could identify you. This may include demographic information. It also relates to your past, present or future physical or mental health condition and related health care services.

As explained above, there are instances when I may use or disclose your PHI for treatment, payment, and health care operations purposes with your consent. Treatment is when I provide, coordinate or manage your health care and other services related to your health care (e.g., dates of sessions, fee). For example, I would consult with another health care provider, such as your primary care physician. Personal information obtained within the session will not be discussed and is covered by our agreement that such material is confidential. Personal information may be provided to a physician to whom you have been referred to insure that she/he has the necessary information to diagnose or treat you (i.e., psychopharmacologist). Payment is related to obtaining reimbursement for your healthcare.

**Insurance coverage usually requires the disclosure of your PHI.** Upon your request, I am willing to complete requests for information from insurance companies and provide billing statements for you to submit for reimbursement, and if your visits with me are covered by your insurance (as is the case with certain Blue Cross Blue Shield plans), I myself will submit the necessary paperwork, which may include a diagnosis, as well as the dates and nature of the service, to your insurance carrier directly; however, in doing so, please be aware that your clinical information will be sent to your insurance company where I have no control over the confidentiality of this material. Healthcare operations may include, but are not limited to quality assessment activities, licensing and recertification and other improvement activities. I may use or disclose your PHI, as necessary, to contact you regarding appointments or other necessary bases for phone or e-mail contact. I may also call you by name in the waiting area. Finally, it is customary and prudent for psychologists to receive professional, confidential consultation about their clinical work from other mental health professionals. During a consultation, I make every effort to avoid revealing the identity of my client. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together. The intention of these consultations is to ensure that I am providing the best possible care.

There are occasions when I may use or disclose PHI outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An authorization is written permission above and beyond the general consent that permits only specific disclosures. For example, you may give me written permission to use your health information or disclose it to anyone for any purpose. You may revoke this authorization, at any time, in writing, except to the extent that I have already taken action in reliance on the use or disclosure indicated in the authorization. In addition, you may not revoke an

authorization if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy. Other permitted and required uses and disclosures will be made only with your consent, authorization or opportunity to object, unless required by law.

There are also circumstances under which I may use or disclose PHI without your consent or authorization, specifically:

*Child Abuse:* If I, in my professional capacity, have reasonable cause to believe that a minor child is suffering physical or emotional injury resulting from abuse inflicted upon him or her which causes harm or substantial risk of harm to the child's health or welfare (including sexual abuse), or from neglect, including malnutrition, I must immediately report such condition to the Massachusetts Department of Social Services.

*Adult and Domestic Abuse:* If I have reasonable cause to believe that an elderly person (age 60 or older) is suffering or has died from abuse, I must immediately make a report to the Massachusetts Department of Elder Affairs. Abuse includes physical, sexual or emotional abuse, caretaker neglect, financial exploitation and self-neglect.

*Abuse of Disabled Persons:* If I have reasonable cause to believe that a disabled person (e.g., a person between the ages of 18 and 59, who is mentally retarded or otherwise mentally or physically disabled) is suffering from a serious physical or emotional injury resulting from abuse, including unconsented sexual activity, I must immediately make a report to the Disabled Persons Protection Commission. Although a person with a disability can invoke her/his privilege by requesting that a known abuse to her/him not be disclosed, it up to my discretion to determine whether to honor the person's request for confidentiality.

*Health Oversight:* The Board of Registration of Psychologists has the power, when necessary, to subpoena relevant records should I be the focus of an inquiry.

*Judicial or Administrative Proceedings:* If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law and I will not release information without written authorization from you or your legally-appointed representative, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. You will be informed in advance if this is the case.

*Serious Threat to Health or Safety:* If you communicate to me an explicit threat to kill or inflict serious bodily injury upon an identified person and you have the apparent intent and ability to carry out the threat, I must take reasonable precautions. Reasonable precautions may include warning the potential victim, notifying law enforcement, or arranging for your hospitalization. I must also do so if I know you have a history of physical violence and I believe there is a clear and present danger that you will attempt to kill or inflict bodily injury upon an identified person. Furthermore, if you present a clear and present danger to yourself and refuse to accept further appropriate treatment, and I have a reasonable basis to believe that you can be committed to a hospital, I must seek said commitment and may contact members of your family or other individuals if it would assist in protecting you.

*Worker's Compensation:* If you file a workers' compensation claim, your records relevant to that claim will not be confidential to entities such as your employer, the insurer and the Division of Worker's Compensation. These situations have rarely occurred in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action.

There are specific rights afforded the individual who is participating in counseling or psychotherapy. This individual is often identified in the legal, medical, and psychological literature as the “Patient.” Patient’s Rights: 1.) Right to Request Restrictions – You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, I am not required to agree to a restriction you request. 2.) Right to Receive Confidential Communications by Alternative Means and at Alternative Locations – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing me. Upon your request, I will send your correspondence to another address.)

3.) Right to Inspect and Copy – You have the right to inspect or obtain a copy (or both) of your PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. There will be a reasonable cost-based fee for expenses such as copies and administrative time, unless the request is for social security or disability. If you request copies, you will be charged \$.50 per page and \$30 per hour for administrative time. I may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. If I believe that seeing them would interfere with your treatment, I will be happy to send them to a mental health professional of your choice or your attorney (with your permission). Under federal law, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation or, in use in, a civil, criminal or administrative action or proceeding and protected health information that is subject to law that prohibits access to protected health information. On your request, I will discuss with you the details of the request and denial process.

4.) Right to Amend – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.

5.) Right to an Accounting – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization. On your request, I will discuss with you the details of the accounting process. 6.) Right to a Paper Copy – You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, please contact me so that we can have a conversation. If you are concerned that I may have violated your privacy rights and wish to file a complaint with me, you may send or give your written complaint to me. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Washington, D.C. 20201 or email to [HHS.Mail@hhs.gov](mailto:HHS.Mail@hhs.gov). I support your right to the privacy of your health information. I will not retaliate against you if you choose to file a complaint with me, or the U.S. Department of Health and Human Services. I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. Should it be revised, you may receive these changes in writing upon request. A copy of this notice will be provided upon request for you to retain for your records. Please sign below to acknowledge that you have received, read, and agreed to the above document: Notice of My Policies and Practices to Protect the Privacy of Your Health Information. Thank you.

Print name \_\_\_\_\_

Signature/Date \_\_\_\_\_